

Section A: National Data System Coding (i.e., PCS)



Transaction Code						NPDES								yr/mo/day							Inspection Type	Inspector	Fac Type					
1	N	2	5	3	T N O 0 8 0 9 6 9	11	12	1	1	1	0	2	8	17	18	C	19	S	20	1								
Remarks																												
21	J	a	m	e	s	t	o	w	n	W	T	P									66							
Inspection Work Days				Facility Self-Monitoring Evaluation Rating								BI		QA		-Reserved-												
67		3	69												71	N	72	N	73		74		75					80

Name and Location of Facility Inspected <i>(For industrial users discharging to POTW, also include POTW name and NPDES permit number)</i> Jamestown Water Treatment Plant 314 E. Central Ave. Jamestown TN 38556		Entry Time/Date ~10:00am 10/28/11	Permit Effective Date September 3, 2010		
		Exit Time/Date ~1:00pm 10/28/11	Permit Expiration Date June 30, 2015		
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Brian Ramsey-Operator		Other Facility Data <i>(e.g., SIC NA/ICS, and other descriptive information)</i> WTP filter backwash and flocculation basin residuals into old clarifier tank being used as sediment basin. -Discharge is to a conveyance of Yellow Creek.			
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Steve McCoy Jamestown Water Department 314 E. Central Ave. Jamestown TN 38556					
		Contacted <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No			
		Phone: (931) 879-7578 Fax:			

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description	*See Attached Letter		Rating Codes
			Action Outcomes	
		*Permit & Records	No NOV	Satisfactory
		*Facility Site Review	Under Review	Marginal
		*Effluent/Rec. Waters	Under Review	Marginal
		*Flow Measurement	No NOV	Satisfactory
		*Self Monitoring	No NOV	Satisfactory
		*Laboratory	No NOV	Satisfactory
		*Operations & Maintenance	No NOV	Satisfactory

Name(s) and Signature(s) of Inspector(s) Brian Mayo  Brian.Mayo@tn.gov	Agency/Office/Phone and Fax Numbers Tennessee Division of Water Pollution Control Cookeville Environmental Field Office 931-432-4015 (office) / 931-432-6952 (fax)	Date November 10,2011
Signature of Management Q A Reviewer Karina Bynum  Karina.Bynum@tn.gov	Agency/Office/Phone and Fax Numbers Tennessee Division of Water Pollution Control Cookeville Environmental Field Office 931-432-4015 (office) / 931-432-6952 (fax)	Date November 10,2011